IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code Section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure and and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

Indexed	For office use	
Audited		
Checked	l	
Compute	er	

receipt of the gift or bequest.	
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	:
Office of Energy Independence	
Name of Department or Office	
Lucas State Office Bldg, 321 East 12th Street Des M	Moines, IA 50319
Mailing Address City 515-281-0187	, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Sherry James	<u> </u>
Name	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Mailing Address (if different from above)	City, State, Zip (if different from above)
sherry.james@iowa.gov Email Address	Area Code & Talanhana Number (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	
Construction of State 2011.	-
David Terry & Larry Pearce, Governor's Coalition	
Name	
1615 M Street, Suite 900 Washington, IA 20036	
Mailing Address City, State, Zip Code	December 28, 2008 \$50.00
703-395-1076	1 1
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
· ·	*value is defined as "fair market value" of item as determined by
DTerry@governorscoalition.org	receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Provide a description of the gift of bequest and purpose thereof.	
Hardback copy of the "Inside the Hotel Pattee" book. This	
of Hotel Pattee in Perry, Iowa. This book will be kept in	our office area for staff and other interested parties.
Criteria to use this form:	
Chiena to use this form.	
Receipt of any gift or bequest that is received by any department of the sta	ite or received by the Governor on behalf of the state.
Change and all Affirms all and	
Statement of Affirmation:	
Sherry James affirm that the gift or bequest reported above i	is accurate. I further affirm that the information concerning the donor and
assessment of the fair market value (if applicable) is correct and true to the be	est of my knowledge.
_	
	1-5-09
Signature	Date
Jigitajui 6 /	Date .